<i>U. S.</i> CC	ST REIMBUR		au, or establishment)			-	PAI	D BY	
Voucher prep	ared at								
THE UNITED S		(Give place and date)  Payee's Account No			Coult 1				
THE UNITED A	HAIES, Dr.,	r ayee s	Account Ivo.			J	200-083	9-3	
To		(Pay				- 000	COPY /	OF	
		(Pay	(99)			1			
	(Add	dress)	(City)	(State)					
No. and Date of	Date of Delivery	ARTICLES OR SERVICES (Enter description, item number of contract or Feder schedule, and other information deemed necess		ederal supply	QUANTITY	UNIT PRICE		AN	
Order	or Service	Discount Terms	er information defined ne	ecessary)		Cost	Per	Do	
4									
		Costs					•		
		*							
PAYMENT:									
Complete  Partial									
Final									
Shipped from	1	A	nuation sheet(s) if necessary ight Gove	ernment B/L No.		1	Total		
					yee must NO	T use this			
I certify that the	ibove bill is correct	t and just and that payment	, has not been received.	Differe	псев				
		(Sign original only)							
Date 1/22/5	0								
Date	*Pavee	fred when a like core	ificate is made by payee on attached bill	l or bills)	unt verified;	correct for		#	
Per		Title			nature or init				
Contract No.	4-101	Date	Req. No.		Date		nvoice Rec'd		
D to subha	its sested in me	I certify that this account is	correct and proper for per	ımant		,			
		•	correct and proper for pay						
† Approved for \$ .		,	7		(Authori	zed Certifyi	ing Officer)		
Bv			SIGN Original t	Гitle			~~~~		
,			ONLY						
Title			1	Date					
	THE REVERSE OF TH	HIS FORM MUST BE EXECUTED WHE	IN PURCHASES ARE MADE OR SEF	RVICES SECURED WITH	OUT WRITTEN	AGREEMENT I	IN ANY FORM		
	ACCOU	NTING CLASSIFICATION	(Appropriation Symbol m	ust be shown; oth	ner classificat	tion option	nal)		
								*	
			٠,						
			<i>i</i>						
	*7.4.4								
		- FED 2 131							
Paid by Check	No	dated	, 19, for \$_			{on Tre	asurer of the U		

